

Final

5/7/1

NeuroSurgery

Revision

(Essay Qs ē Answers)
(MCQ Qs ē Answers)

Part I

Neuro psychiatric Revision
Part I

Tomorrow → Monday
يوم الاثنين 1/1/14

لا تنسواكم غير الدعاء
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- Indications of Surgery in skull
→ open (compound) to avoid infection.

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- Indications of Surgery in disc prolapse
→ Progressive motor deficit.

• Syndromes

(a) Foster Kennedy → one side optic nerve atrophy and other has papilledema.

(b) Adam Hakim → Ataxia, Dementia, urinary incontinence & normal pressure hydrocephalus

(c) Brown Sequard syndrome - - - -

- Cause of Papilledema in ↑ ICP → obstruction axoplasmic flow of CSF around optic nerve.

• C/P of acute disc prolapsed

(motor, sensory, Autonomic, reflex - - -)

• Causes of back Pain

= Causes of spinal cord compression

- most common brain tumor → metastasis.

- " " Post. fossa tumor in adult → metastasis.

- " " spinal tumor → metastasis.

- " " Post. fossa tumor in children → medulloblastoma.

- " " suprasellar " " " → Craniopharyngioma

- " " " " " adult → Pituitary adenoma

- " " CPA tumor → Schwannoma

- " " Pediatric tumor → medulloblastoma, Craniopharyngioma, ependyoma, cerebellar astrocytoma

- C/P of abscess = tumor = Hematoma = Space occupying lesion?

1. manifests of ↑ ICP - -

2. " " focal neurological deficit acc to site.

- most common cause of extradural hematoma
→ middle meningeal artery.

- most common cause of subarachnoid hematoma
→ rupture aneurysm.

• most common cause of subdural hematoma
→ bridging veins.

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③

• most common cause of intracerebral & interventricular hematoma → HTN

• most common artery to rupture from an aneurysm
→ ant. communicating artery.

• How to test 3 UL nerves from thumb?
abduction by radial n.
adduction by ulnar n.
opposition by median n.

• In carpal tunnel § → no sensory manifestations

• Spina bifida occulta → is the only spinal cord anomaly
w/ no neurological deficit.

• causes of tethered spinal cord?

- 1- Hypertrophied filum terminal
- 2- lipomyelomeningocele.
- 3- sacro coccygeal teratoma.
- 4- diastatomyelia
- 5- arachnoid cyst.
- 6- Myelomeningocele.
- 7- meningocele.

• CIP, management of ulnar nerve injuries? 20M ****

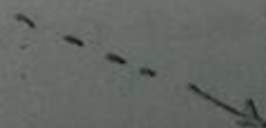
- CIP → Cerebral palsy...

- management = management of any peripheral n injuries?

Tests

- 1- CIP
- 2- EMG
- 3- Nerve conduction
- 4- Evoked potential
- 5- X-ray
- 6- CT, MRI

Treatment



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- No surgical tt
- NSAIDs
- physiotherapy

If no neuroma \rightarrow conservative tt.

③ Neurotmesis → Indication for surgery.

- management of Lumbar disc prolapse? 2013

IT

- (a) Conservative

- 1- Bed rest for 2-3 wks on a hard board under mattress
- 2- Analgesic, NSAIDs, muscle relaxants.
- 3- Avoid lifting heavy weights
- 4- Reduction of body wt.

⑥ Surgical L

- Indications
- Techniques:

- 1- inter laminar discectomy
- 2- Hemi laminectomy & ν
- 3- Full ν ν
- 4- endoscopic discectomy
- 5- micro discectomy.

• etiology and management of Complete claw hand? 2012

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= Median nerve Paralysis

= causes & management of any peripheral n injury.

- causes

- 1- cutting (Sharp as knife)
- 2- Traction (Birth or motor bike)
- 3- Ischemic (as tourniquet)
- 4- missile
- 5- fracture
- 6- chemical → acidic or alkaline
- 7- electrical & Burn.

- management - - - - -

• C/P, Inv's, tt of cauda equina & lt lumbar disc Prolapsed? 2011

- C/P - - - - - ✓✓

- Inv's

- 1- lab → CBC, renal functions, tuberculin Test.
- 2- imaging → Plain x-ray
→ MRI, CT, isotope scan

- TT

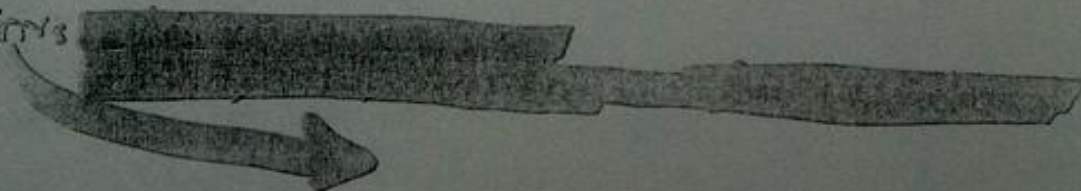
- 1- Treat the cause → adequate decompression of Lumbar canal by laminectomy & foraminotomy
- 2- Remove cause → tumor removal & disc removal & abscess drainage & decompression and fusion for trauma.

• C/P, Inv's, tt of pt ē sizable lt. frontal brain abscess?

- C/P: - - - - -

- tt: - - - - -

- Inv's



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Invs:-

① lab → leucocytosis, ↑ ESR
→ Culture & sensitivity.

② X-ray Skull → Sinusitis or mastoiditis.

③ CT brain

- 1- in stage of cerebritis → area of low density.
- 2- opacification of sinus or mastoid & mature abscess & has characteristic appearance.
- 3- CT to detect site, size, no, stage of abscess.

④ MRI → Confirm diagnosis, no of abscess, uni or multi-locular abscess

• c/p of chronic subdural hematoma? 2010

= c/p of extradural hematoma +

- More than 21 days
- By CT → Hypodense hematoma
- occur on old pts on anticoagulant.
- most common cause of bleeding from bridging vein.
- Pts present & signs of ↑ ICP ---- & focal neurological deficit & progressive dementia
- TT → surgical evacuation through burr holes & application of drain.

• Differences bet meningocele & meningo-myelocele? 2010

- 1- swelling covered & skin at birth or & membrane
- 2- Excision is simple and free from risk
- 3- cystic lesion contain only meninges, CSF but any nervous tissue.
- 4- Survival but disability is the rule.
- 5- Hydrocephalus → rare

- 1- much more serious anomaly
- 2- swelling contains neural elements (Cord or roots)
- 3- 30% in lumbosacral region
- 4- Paralysis of LL, sphincteric disturbance
- 5- 88% develop hydrocephalus
- 6- Associated & other congenital anomalies as PDA

• C/P, invs of cauda equina \$? 2009

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⑦

• C/P & management of chronic subdural hematoma? 2009

• C/P, Invs of ~~the~~ neuroblastoma? 2008

- C/P → ↑ ICP -----

- Invs → -----

• 55 yrs old ♂ pt received a major blunt trauma to his head, he became Comatose, Enumerate possible compls? 2005

① Scalp wounds

contusion, abrasion, cut wound, lacerated wound & skin loss.

② Skull fracture

Vault

- 1- fissured fracture.
- 2- depressed "
- 3- comminuted "

Base

- 1- Ant. cranial fossa fracture
- 2- Middle " " "
- 3- Post " " "

③ Brain damage

↳ contusion, concussion, edema, laceration, herniation

④ Hematomas

extradural, subdural.

* C/P of hydrocephalus

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- Infantile hydrocephalus (before closure of skull sutures)

- 1- Poor suckling & feeding & High pitched cry
- 2- abnormal progressive enlargement of head.
- 3- Separation of skull sutures.
- 4- Wide, tense, bulging fontanelles esp Ant. Fontanelle.
- 5- Dilated scalp veins
- 6- Parinaud sign (Loss of upward gaze → SunSet appearance)
↳ downward deviation of eye
- 7- CN palsies esp VI nerve
- 8- Seizures
- 9- later ± UMN Paresis (dt stretch, ischemia of descending Lower Limb fibers @ dt associated syringomyelia.
- 10- Delayed developmental milestones.

- Adult Hydrocephalus (After closure of sutures)

S&S of ↑ ICP

- 1- Headache
- 2- Vomiting
- 3- Blurred vision
- 4- Bilat. Papilledema
- 5- impaired consciousness

- Normal pressure hydrocephalus in elderly

Δ of DUG (dog)

✓ Dementia ✓ urinary incontinence ✓ Gait disturbance

* Causes of hydrocephalus

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Congenital

- 1- Genetic-induced
"Bicker's - Adams s"
- 2- Inutero infections
- 3- Inutero ischemic events
- 4- Aqueductal stenosis
- 5- Arnold - chiari malformation
I, II
- 6- Dandy - walker cyst
(Absence of cerebellum & replaced
by cyst compressing)
- 7- Arachnoid cyst

Acquired

- 1- Post meningitis
- 2- ICH
- 3- SAH & IVH
- 4- Brain tumors

* Pathology of hydrocephalus

Communicating

- 1- Agenesis or hypoplasia
of Arachnoid villi
- 2- choroid plexus hyperplasia
or papilloma
- 3- Post - meningitic
- 4- Post - hemorrhagic

non - Communicating

- 1- Aqueductal stenosis
- 2- Brain tumors
- 3- Dandy - walker s.

* Causes of Spinal Cord Compression

a- Trauma

- 1- Fracture spine
- 2- Hematoma
- 3- Traumatic disc

- Acute → infection, trauma, vascular
- chronic → degeneration, tumor

b- Infection

- 1- Acute → staph
- 2- chronic → T.B

→ Surgical = Causes of back Pain

c- Disc disease & spondylosis

d- Tumours

- 1- extradural
- 2- Intradural extramedullary
- 3- Intradural intramedullary

e- Hematoma

- 1- AVM
- 2- Spontaneous

f- Congenital cystic malformation

extramedullary

↓
Arachnoid cyst

intramedullary

↓
syringomyelia.

* Fracture spine

Columns → Ant
Middle
Post

> 1 Column
→ unstable fracture

Rx I- Initial Rx

1- ABC

2- Transfer of pt (stabilization)

II- Medical Rx → Methyl prednisolone should be

given in 1st 6 hrs after trauma

(not an alternative to surgery)

Actual Rx acc to

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Stable

intact

Medical
Rx

neurological
deficit

decompression
Surgery

- Laminectomy
- Foraminotomy

unstable

- 1- Reduction $\begin{matrix} \swarrow \text{closed} \\ \searrow \text{open} \end{matrix}$
if Fracture displaced
- 2- De compression
- 3- Fixation by plates & screws

* C/P of Lumbar prolapse L5 - S1

• Hx

- 1- 30-50 yrs old $\sigma > \eta$
- 2- Falling or Lifting heavy object.
- 3- chronic Low back Pain before onset of acute disease.

• Symptoms

① Pain

- ✓ Back Pain
- ✓ Sciatica (Pain in Leg in distribution of affected root)
aggravated by coughing & sneezing.
- ✓ Pain relief upon flexion knees & thighs.

② Neurological deficit

- ✓ numbness & Tingling
- ✓ Motor weakness

③ Bladder symptoms

urgency, Frequency, retention.

• Signs

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① Back signs

- ↳ Restricted spinal movement.
- ↳ Local tenderness
- ↳ Scoliosis
- ↳ Paravertebral muscle spasm.
- ↳ obliteration of lumbar Lordosis.

② signs of radiculopathy (compressed S₁)

- ↳ Motor weakness in planter flexion of Foot (LMNL type)
- ↳ sensory impairment
 - Post. Part of calf
 - Lat. malleolus
 - Lat foot & Soles
- ↳ Reflex → impaired ankle Jerk (S₁)

③ clinical tests +ve straight Leg raising test.

④ Neurologic claudication ^{Trav.} in case of massive disc prolapse.

⑤ cauda equina if Bilat:

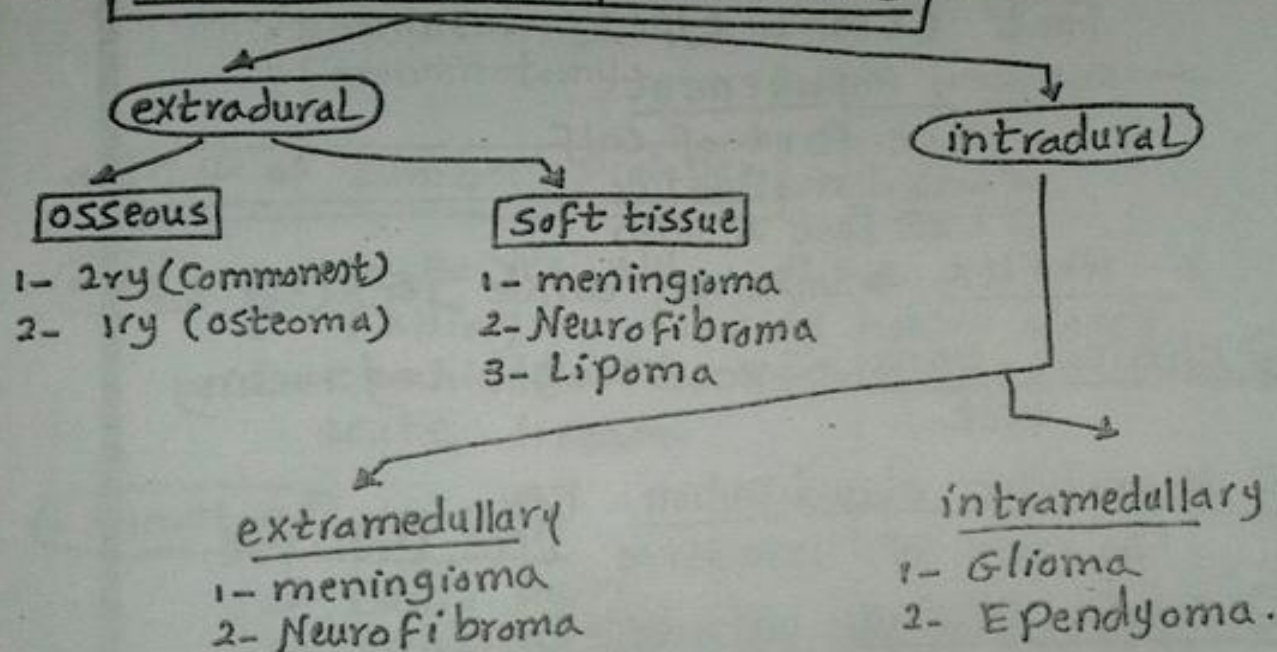
* CIP of cauda equina \$

- 1- Bilat. Sciatica & Low back Pain
- 2- Motor → Bilat. weakness (LMNL) of hip, Knee flexors & extensors & foot dorsiflexors & planter flexors
- 3- Sensory → Bilat. hypoaesthesia & saddle shape hypoaesthesia.
- 4- Lost reflexes (ankle & knee)
- 5- Autonomic → sexual dysfunction / sphincteric disturbance

* Indications of surgery in disc Prolapse

- 1- Absolute indication → sphincteric disturbance
- 2- Failure of non-surgical tt (13)
- 3- Cauda equina &
- 4- Progressive motor deficient as foot drop
- 5- Severe unremitting Leg Pain w is not relieved by Conservative measures.

* Classification of spinal tumors



* Sensory Level MCA

inguinal Lig → D₁₂

umbilicus → D₁₀

Costal margin → D₈

Nipple Line → D₄

* CIP of pituitary tumors (at) Sella tursica

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1- Endocrinal manif

acc to hormone secreted by tumor

- if GH \rightarrow gigantism & Acromegaly
- if PRL \rightarrow Amenorrhea, galactorrhea & infertility
- if ACTH \rightarrow Cushing $\&$

2- Visual dysfunction

- 1ry optic atrophy \rightarrow if comprem one optic n
- Bitemporal hemianopia \rightarrow " optic chiasma
- compress cavernous sinus \rightarrow " III, IV, VI
- 2ry optic atrophy \rightarrow if comprem 3rd ventricle
 \rightarrow CSF obstruction \rightarrow \uparrow ICP \rightarrow Papilledema.
- Foster Kennedy $\&$ (1ry optic atrophy on one side & Papilledema on other side)

3- Manifs of \uparrow ICP

\hookleftarrow Headache

* CIP of Cerebello Pontine angle (CPA) tumors

5, 7, 8, 9

- 5 \rightarrow Trigeminal neuralgia
- 7 \rightarrow Facial Palsy
- 8 \rightarrow Tinnitus & SNHL & vertigo
- 9, 10 \rightarrow difficult swallowing.
- Loss of corneal reflex \oplus affect of V, VII, VIII
- If large

1- Cerebellar manif

- \hookleftarrow Kinetic tremors
- \hookleftarrow Nystagmus

- \hookleftarrow ataxia
- \hookleftarrow vertigo
- \hookleftarrow Disturbance of speech
- \hookleftarrow Dysmetria.

2- ↑ ICP

3- Affection of 9, 10, 11 C.Ns

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* Common tumours in children

M, B CC

- 1- Medullo blastoma
- 2- cerebellar Astrocytoma.
- 3- Cranio pharyngioma.

* Calcifications common in

COM

- 1- Cranio pharyngioma.
- 2- oligo dendroglioma
- 3- Meningioma.

* Supratentorial tumors

- 1- Astrocytoma (Commonest brain tumor)
& other glioma
- 2- Meningioma
- 3- Metastasis
- 4- pit. adenoma.

* Mass in Lt. Frontal Lobe

→ Tumors
→ Abscess
→ Hematoma
→ Hge

CIP

① General manif of ↑ ICP

② Local

- 1- Behavioural & Personality changes
- 2- Rt. hemiparesis (UMN type)
 contralat
- 3- Dementia
- 4- Dysphasia expressive
- 5- Anosmia
- 6- Seizures (epilepsy)

* CIP of extradural hematoma

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① ↑ ICP

② signs of lateralization

- 1- contralat. hemiparesis (UMN type)
 - ✓ Hypertonia
 - ✓ Hyperreflexia
 - ✓ Spastic Paralysis
 - ✓ Clonus
 - ✓ Absent superficial reflexes
- 2- Contralat. +ve babinski sign
- 3- Ipsilat. dilatation of Pupil
- 4- Ipsilat. conjugate eye deviation
- 5- Deterioration of level of Consciousness

* TT of extradural hematoma

I. Medical

- 1- ABC
- 2- Rx of shock

↗
↘

blood transfusion
I.v Fluids
Leg elevation
- 3- Antitetanic Serum
- 4- General examination to detect any associated lesions @ Flail chest, hemothorax, internal Hge.
- 5- Rx of ↑ ICP
 - ✓ Semisitting Position.
 - ✓ Hyperventilation to washout CO₂
 - ✓ Drugs
 - Diuretics (Furosemide, Mannitol)
 - Corticosteroids
 - ✓ Surgical decompression if needed.

II - Surgical

always needed in extradural hematoma

osteoplastic Flap (size, site acc to CT)

- 1- evacuation of hematoma.
- 2- Coagulation of bleeder
- 3- Dural hitches all around hematoma site bet dura, hematoma.
- 4- Put a closed system for suction for 24 hrs

Do CT scan before removing the drain & another one before discharge.

* Account on Brain abscess

organisms

- | | |
|----------------------|------------------|
| 1- streptococci | 3- staph. aureus |
| 2- Anaerobic strept. | 4- E. coli |

Source of infection

1- Direct spread

2- Hematogenous

✓ SABE

✓ septicemia

3- Traumatic

4- Post operative

→ Frontal sinusitis

→ Frontal abscess

→ otitis media

✓ Temporal abscess

✓ cerebellar "

(C/P) Lt. Frontal Lobe - - - - -

+ Pyrexia & malaise

+ ↑ ICP - - - - -

+ meningeal irritation - - - - -

(Rx)

- 1- TT of Source of infection
- 2- In stage of Cerebritis

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Antibiotics

Start by Penicillin, chloramphenicol or metronidazole then adjust acc to Culture & Sensitivity

measures to
Lower ICP

3- Acute abscess

Surgical drainage (Burr-hole) followed by administration of Antibiotics

4- chronic abscess (thick wall)

Surgical drainage & capsulectomy through craniotomy or craniectomy followed by administration of Antibiotics.

* Advantages of 2ry sutures over 1ry

- 1- Good control of infection
- 2- Thickened neurolemmal sheath w can withstand sutures.
- 3- Maximum rate of regeneration - after 6ws
- 4- Proper evaluation of extent of trauma.
- 5- Proper operative & proper surgery.

* How to Lengthen a nerve

- 1- Neurolysis
- 2- Flexion of Joints
- 3- Sacrificing unimportant cut. brs
- 4- Transposition of nerves esp ant. transposition of ulnar nerve
- 5- Nerve grafting. as sural nerve

* Causes of intracerebral Hge ICH

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- 1- Hypertension (Commonest in adult)
- 2- Blood diseases (" " children)
- 3- Rupture aneurysm.
- 4- Rupture AV malformation

- * **Rx** - Small & deep → conservative
- Large & Superficial → evacuation + tt of the cause

* **Medulloblastoma**

↳ intra axial tumor Common in children

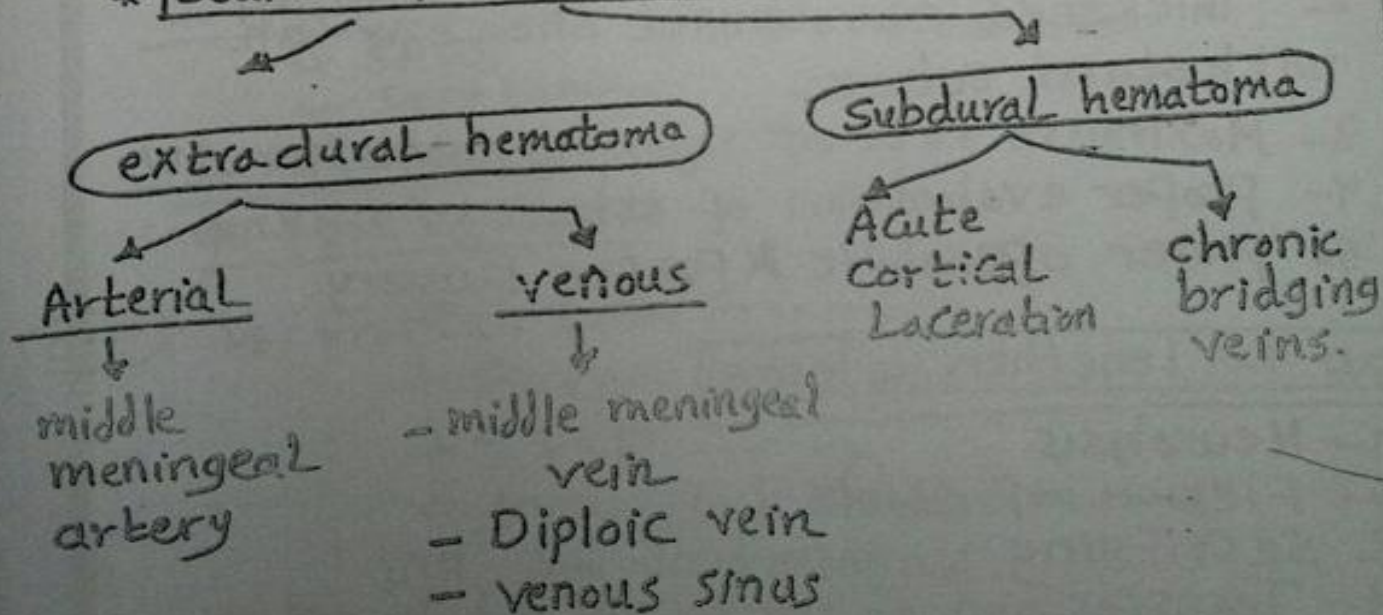
* Subacute intracranial hematoma

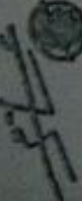
→ 2-3 ws

* chronic subdural hematoma

→ 2-3 months

* **Source of bleeding in**



	Radial n	Ulnar nerve	Median nerve
Motor	Paralysis of all extensions of elbow & wrist & fingers	Paralysis of 1- Medial half of Flexor digitorum Profundus (FDP) 2- Flexor Carpi ulnaris (FCU) 3- All ms of hand except thenar & Lat 2 Lumbricals	Paralysis of 1- All ms of forearm except FDP, FCU 2- Muscles of thenar & lat. 2 lumbricals
Deformity	Wrist & Finger drop IF Post interosseous triceps reflex present Finger drop only No sensory loss	1- Partial claw hand. 2- Radial deviation of hand 3- Wasting of ms of med. side of forearm. 4- Wasting of hand ms except	1- Complete claw hand 2- Ape hand deformity 3- Pointing index " 4- Ulnar deviation of hand at wrist 5- Wasting of thenar & forearm flexors.
Tests	1- Loss of abduction at 45° 2- weak hand grip 3- Absent triceps reflex	1- Paper test +ve 2- card board test +ve 3- weak hand grip	1- Pointing index test 2- weak radial grip 3- Thumb abduction test 4- Failure of opposition of thumb across palm
Sensory Loss	Dorsum of hand & Palmar aspect of thumb	Medial 1 1/2 fingers	Lat 3 1/2 fingers ⑧

* Complications of shunt Puderiz Valve

ventriculoperitoneal shunt for
treatment of hydrocephalus.

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- 1- Infection (ventriculitis / peritonitis)
- 2- obstruction
- 3- Disconnection
- 4- overdrainage.

* DD of large head

فراج = macrocephalic infant

- 1- Familial
- 2- Rickets
- 3- Arachnoid cyst
- 4- chronic infantile subdural hematoma.
- 5- Hydrocephalus

* Spinal cord Syndromes

1- Complete cord syndrome

Loss of all motor, sensory, autonomic
functions below level of injury

2- Ant. cord syndrome

↳ motor affection mainly in L.L

3- Post. cord syndrome

↳ dorsal column injury.

4- central cord syndrome

↳ weakness affect UL > LL

↳ " more proximal > distal

5- Brown sequard syndrome

* Brown sequard

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On Same side

I - at Level

- 1- LMNL motor loss
- 2- All sensation lost

II - Below Level

- 1- UMNL Paralysis
- 2- Deep sensation lost
- 3- intact superficial Sensation

on Contralat. side

- 1- loss of superficial Sensation only
- 2- intact motor & Deep sensation

* Indications of surgery in spinal fracture

- 1- Progressive neurological deficit
- 2- Partial neurological deficit not improved by conservative t.t.
- 3- urgent surgery in unstable fracture

* Types of spinal fracture

- 1- wedge Fracture
- 2- Burst Fracture.

* Common tumors in adult

- 1- oligo dendroglioma
- 2- Meningioma
- 3- Metastasis

MOM

* Tumors & drop metastasis

drop metastasis means spread of tumor cells through CSF down to spinal cord

- 1- Medulloblastoma.
- 2- Ependymoma.

* C/P of Temporal Lobe tumors

- 1- epilepsy
- 2- Receptive aphasia
- 3- visual disturbance.

* C/P of Basal Skull Fracture

I- Ant. Cranial Fossa

- 1- epistaxis & CSF Rhinorrhoea (Nose)
- 2- Subconjunctival Hge (eye)
- 3- olfactory n. affection (C.N)

II- Middle Cranial Fossa

- 1- Bleeding/ear & CSF otorrhea. (ear)
- 2- 7th & 8th n affection (C.N)

III- Post. Cranial Fossa

- 1- Battle sign
- 2- Brain stem affection
- 3- Atlantoaxial Subluxation.

* Types of brain herniation (shift)

- 1- subFALCine
- 2- Tentorial (Lat, Central, Tonsillar)

* Indications of drainage of intracerebral hematoma

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- 1- Large superficial hematoma.
- 2- in Post. fossa.

* Signs of lateralization

* Peripheral n. injuries

1- upper trunk → Brachial plexus C5, C6
(erbs Paralysis)

2- Lower trunk → C8, T1 → Klumpke's Paralysis
claw hand.

3- Median nerve -----

4- ulnar nerve -----

5- Radial nerve -----

6- Sciatic nerve → Flail Foot

7- Common Peroneal nerve → Foot drop

8- Post. interosseous nerve → Finger drop only

* Types of nerve injury

1- Neuropraxia → Just Function lost.

2- Axonopraxia → intact neurolemmal sheath

3- Neurotmesis → Complete Cut.

* Ulnar Paradox

the higher the Lesion of ulnar nerve, the Lesser claw hand.

* Indications of surgery in cervical disc prolapse

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- 1- Brachialgia not respond to conservative tt.
- 2- Progressive neurological deficit.
- 3- Myelopathy manifestations.

* Note Spinal cord ends at L1 so above this level it is called myelopathy but below it → cauda equina

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Important MCQ Qs
& Answers

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1- In fractured spine the following is true:-

- a) Paraplegia & sensory level will occur below site of dorsal lesion.
- b) quadriplegia & sensory level may occur at any level of injury.
- c) unstable fracture doesn't need stabilization.
- d) Plain x-ray always not enough to diagnose fractured spine.
- e) All of the above
- f) none of the above

(a)

2- In radial nerve injury at post. interosseous br, there is:-

- a) claw hand deformity.
- b) Pointing index deformity.
- c) wrist drop.
- d) finger drop.
- e) all of the above
- f) none of the above

(b)

3- Brain Tumors that commonly show calcification:-

- a) meningioma
- b) craniopharyngioma.
- c) oligodendroglioma.
- d) All of above
- e) none of above

(d)

4- functional pit microadenoma produce clinical manif by:

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- a) ↑ IntraCranial Pressure.
- b) Hormonal disturbances.
- c) Pressure on optic nerves or chiasma.
- d) false localizing signs.
- e) all of above
- f) none of the above

5- In complete cauda equina :-

- a) flaccid paralysis of lower limbs.
- b) sphincteric impairment.
- c) saddle shaped hypoaesthesia.
- d) all of the above.
- e) none of above.

6- medulloblastoma is :-

- a) an intra-axial tumor common in adults.
- b) " extra- " " " " children
- c) An intra- " " " " children
- d) peripheral nerve compression.
- e) All of above
- f) none of above

7- Paraesthesiae sensory level is diagnostic of:-

- a) Brain compression.
- b) spinal cord compression.
- c) root compression
- d) Peripheral nerve compression.
- e) All of the above
- f) none of the above

- 8- In cervical disc prolapsed there may be: ~~57~~
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- a) radiculopathy.
 - b) myelopathy
 - c) radiculomyelopathy.
 - d) All of above
 - e) non of above.

- 9- In extradural hematoma, the following is wrong:..
- a) Hypotension, tachycardia → cardinal signs of brain compression.
 - b) surgery can be planned at a later date
 - c) there must be a lucid interval in order to diagnose.
 - d) CT scan is of no value in diagnosis.
 - e) All of the above.
 - f) non of the above

- 10- Congenital hydrocephalus diagnosed by following except:..
- a) progressively enlarging head circumference.
 - b) Severe neurological deficits.
 - c) Sunset appearance of eyes.
 - d) open ant. fontanelle and suture diastasis.
 - e) thin scalp skin and dilated veins.
 - f) ventricular dilatation on CT scan.

11- Infantile large head may be due to:..

- a) familial
- b) rickets
- c) Hydrocephalus
- d) chronic infantile Subdural hematoma.
- e) cephalohematoma.
- f) All of above
- g) non of above.

12- A pt is frontal lobe tumor present is:

- a) epilepsy
- b) Hemiparesis
- c) mental changes.
- d) dysphasia
- e) All of above
- f) none of above.

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13- A pt is stable fractured spine and cord ~~contusion~~ contusion. Should have:-

- a) Corticosteroids in high doses during 1st 24 hrs.
- b) Antioxidants during 1st 24 hrs.
- c) decompression and fixation during 1st 24 hrs.
- d) Proper radiological evaluation of extent of injury

14- In ulnar nerve injury, there will be:-

- a) ape hand deformity.
- b) wrist drop
- c) claw hand deformity.
- d) pointing index.

15- Pt is deteriorating consciousness because of large acute traumatic extradural hematoma on CT scan must have:-

- a) medical dehydrating measures only.
- b) urgent surgical evacuation and decompression.
- c) urgent MRI
- d) urgent antibiotic injection.

16- Clp of CPA tumors doesn't include:-

- a) cerebellar manifs (ataxia, nystagmus, imbalance)
- b) vestibulocochlear n defect (Hearing loss)
- c) long tract manifs (Hemiparesis)
- d) Paraplegia.

- 17- Post. fossa tumor Commonly presents :-
- a) ataxia
 - b) frequent choking and nasal tone
 - c) Sixth nerve Palsy.
 - d) Hemiparesis.
 - e) all of above
 - f) none of above

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- 18- Pt. of cauda equina & lt lumbar disc prolapse will have all except:-
- a) sphincteric disturbance
 - b) weakness of dorsiflexors and planter flexors of ankle.
 - c) weakness of flexors & extensor of knee
 - d) Hemiplegia and hemiparesis.

- 19- non-functioning Pit. adenoma usually presents:-
- a) amenorrhea, galactorrhea.
 - b) cushing &
 - c) acromegaly or gigantism.
 - d) visual field defect

- 20- In dorsal spine tumor at D₁₀ segment, All will be evident except:-
- a) spastic paraparesis.
 - b) spastic quadriplegia
 - c) extensor planter response.
 - d) sensory level at D₁₀

- 21- extradural hematomas are commonly follow:-
- a) skull fracture
 - b) nasal rhinorrhea
 - c) ventricular hematoma
 - d) pneumocephalus.

All Qs Answers + Last 20 MCQ
Tomorrow.

Answers

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- 1- a
- 2- d
- 3- d
- 4- b
- 5- d
- 6- c
- 7- b
- 8- d
- 9- e
- 10- b

- 11- f
- 12- e
- 13- a
- 14- c
- 15- b
- 16- d
- 17- e
- 18- d
- 19- d

- 20- b
- 21- a

لا تسألکم غیر الدعاء
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